

## Declaration for Utility or Design Patent Application

As a below-named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name and that I believe that I am the original, first, and sole inventor [if only one name is listed below] or an original, first, and joint inventor [if plural names are listed below] of the subject matter which is claimed and for which a patent is sought on the invention, the specification of which is attached hereto and which has the following title:

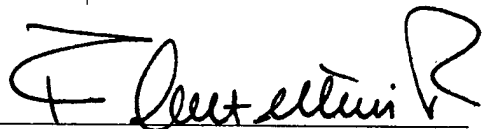
" Early warning apparatus for Acute Myocardial Infarction .  
in the first six hours of pain" (CARDIOST)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration. I acknowledge a duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please send correspondence and make telephone calls to the First Inventor below.

Signature: Sole/First Inventor: Fernando Anzellini



Print Name: Fernando Anzellini

Date: Sept. 3, 1999

Legal Residence: \* Bogota/Colombia

Citizen of: Italy

Post Office Address: Calle 83 No 19-36 (of. 704)

Bogota-Colombia.S.A.

Telephone: 57-1-6160959 or 57-1-6160974

Signature: Joint/Second Inventor: Arturo Sesana



Print Name: Arturo Sesana

Date: Sept 3 1999

Legal Residence: \* Bogota-Colombia

Citizen of: Italy

Post Office Address: Calle 100 No 35-67 Ap. 616

Bogota-Colombia.S.A.

Telephone: 57-1-2446605

\* City and state, county and state or city, state and country, if foreign.

## Declaration for Utility or Design Patent Application

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Early warning apparatus for Acute Myocardial Infarction  
in the first six hours of pain" (CARDIOST)

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Please send correspondence and make telephone calls to the First Inventor below.

Signature: Sole/First Inventor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Residence: \* \_\_\_\_\_ Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: Joint/Second Inventor: Mario G. \_\_\_\_\_

Print Name: Mario Gongora Date: Sept 3. 1999

Legal Residence: \* Bogota-Colombia.S.A. Citizen of: England

Post Office Address: Carrera 13 No 90-55 Ap. 404

Telephone: 57-1-6220453

\* City and state, county and state or city, state and country, if foreign.

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**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant, Patentee, or Identifier: Fernando Anzellini

Application or Patent No.: \_\_\_\_\_

Filed or Issued: \_\_\_\_\_

Title: Medical Dr. (Cardiologist)

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.  
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Fernando Anzellini

Arturo Sesana

Mario Gongora

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

Sept 3 1999

Sept 3 1999

Sept 3 1999

Date

Date

Date

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	
	<b>First Named Inventor</b>	F. Anzellini
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Fernando Anzellini/--Arturo Sesana/--  
--Mario Gongora

the specification of which **CARDIOST** (Title of the Invention)

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

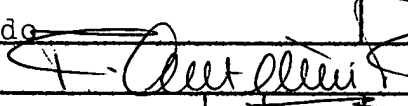
OR ☒ Correspondence address below

Name	Fernando Anzellini				
Address	Calle 83 No 19-36 (of. 704)				
Address					
City	Bogota	State	---	ZIP	-----
Country	Colombia	Telephone	57-16160959	Fax	57-1-6109091

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Fernando		Anzellini	
Inventor's Signature			Date 3 Sep/99
Residence: City	Bogota	State	---
		Country	Colombia
Post Office Address	Calle 83 No 19-36 (of.704)		
Post Office Address			
City	Bogota	State	----
		ZIP	-----
		Country	Colombia

☐ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Arturo				Sesana			
Inventor's Signature	<i>Arturo Sesana</i>					1999	3 Sept
Residence: City	Sta Fe de Bogota	State		Country	Colombia	Citizenship	Italian
Post Office Address	Calle 100 No 35-67 Ap 616						
Post Office Address							
City	Sta Fe de Bogota	State		ZIP		Country	Colombia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Mario				Gongora			
Inventor's Signature	<i>Mario Gongora</i>					1999	3 Sept
Residence: City	Sta Fe de Bogota	State		Country	Colombia	Citizenship	English
Post Office Address	Carrera 13 No 90-55 Ap. 404						
Post Office Address							
City	Sta Fe de Bogota	State		ZIP		Country	Colombia
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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